

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09751058	FILING DATE				
							CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10							60					
11							61					
12	1						62					
13	1						63					
14	1						64					
15	1						65					
16	1						66					
17	1						67					
18	1						68					
19	1						69					
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24							74					
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39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	5			5			TOTAL IND.					
TOTAL DEP.	18	→		15	→		TOTAL DEP.					
TOTAL CLAIMS	23		20				TOTAL CLAIMS					